

getting them help from the community. It is much easier to prevent homelessness than it is to bring someone out of it. The supportive services that will be provided under the legislation include greater access to housing assistance, physical and mental health services, health insurance, and vocational and financial counseling. North Carolina is home to over 770,000 veterans, and the VA estimates that over 40,000 North Carolina veterans live in poverty. We must do all we can to ensure that the men and women who've served our Nation in the military do not suffer the indignity of going to bed at night without a roof over their heads.

Second, to help service-disabled veterans cope with the high cost of gasoline, S. 2162 would codify VA's new travel reimbursement rate for veterans who drive to their medical appointments at VA, and would index that rate so that future increases are automatic. The rate was increased in January from 11 cents to 28.5 cents a mile by VA Secretary James Peake. In addition, this bill will reverse the increase in the deductible that was made in January.

Third, the legislation directs a 3-year pilot program on the provision of contract care to veterans residing in highly rural areas where no VA facilities exist. It makes no sense for veterans in rural areas to travel hundreds of miles for their care when they could easily seek care at their own local community health care facilities. Not only will they be more likely to seek needed preventive care, they'll also avoid the high cost of gas to get to a VA appointment. I am pleased about the potential for this pilot program and look forward to it being tested in rural States like North Carolina.

And fourth, I am pleased the legislation includes an expansion of a concept that was tested and that proved successful at the Asheville VA Medical Center. The concept was to consolidate VA's capability to bill and collect from private insurance companies into one site rather than retain that capability at multiple sites. The employees at the Asheville VA Consolidated Patient Accounting Center have cultivated their expertise, and I am pleased to say that the pilot has been a success, generating millions of dollars in additional revenue. The legislation would expand on that concept by directing VA to open seven other centers around the country within the next 5 years. I am excited at the prospect of enhancing VA's revenue collection so that additional dollars can be invested in the health care delivery of our veterans.

These are just a few of the good provisions of this legislation. For my colleagues interested in a fuller accounting of the bill's provisions I would refer them to the Joint Explanatory Statement that will be made part of the RECORD.

Before I conclude, I would like to personally thank the chairman of the Senate Committee on Veterans' Affairs,

Senator AKAKA, for his cooperation with me on this bill. The chairman has no equal when it comes to handling negotiations with integrity and fairness. I would also like to thank the chairman of the House Committee on Veterans' Affairs, Chairman BOB FILNER, and ranking member STEVE BUYER. Finally, I would like to thank all of the staff members of the Veterans' Committees who worked on this bill, as well as the hard-working staff of the Senate and House Legislative Counsel's office who performed the technical drafting.

This is a good bill. I am proud of the work the House and Senate have done on it. And I ask my colleagues for their support.

BREAST CANCER AND ENVIRONMENTAL RESEARCH ACT OF 2007

Ms. LANDRIEU. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of H.R. 1157, which was received from the House.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 1157) to amend the Public Health Service Act to authorize the Director of the National Institute of Environmental Health Sciences to make grants for the development and operation of research centers regarding environmental factors that may be related to the etiology of breast cancer.

There being no objection, the Senate proceeded to consider the bill.

Ms. LANDRIEU. I ask unanimous consent the bill be read three times and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 1157) was ordered to a third reading, was read the third time, and passed.

Mr. REID. Mr. President, I am pleased that both chambers of Congress passed the Breast Cancer and Environmental Research Act this week.

Every year, hundreds of thousands of women in this country receive the diagnosis of breast cancer. Breast cancer will strike approximately 1 in 8 American women in her lifetime, with a new case diagnosed every 2 minutes.

We have made remarkable progress in the area of breast cancer, but we still do not know what causes breast cancer. Scientists have identified some risk factors, but those factors help explain fewer than 30 percent of cases.

The Breast Cancer and Environmental Research Act would help to establish a national strategy to study the potential links between the environment and breast cancer and would authorize funding for such research. The resulting discoveries could be critical to improving our knowledge of this complex illness, which could lead to new treatments and perhaps, one day, a cure.

Too many women have wanted too long for this legislation to become law. Since former Senator Lincoln Chafee and I first introduced legislation in 2000, it is estimated that 2 million women have been diagnosed with breast cancer and almost 300,000 have died. One of these women, a lifelong Nevadan named Deanna Jensen, championed this legislation and stayed in regular contact with my staff, even while enduring a grueling regimen of radiation and chemotherapy. Sadly, Deanna Jensen lost her battle with cancer on January 7, 2007.

Last session, I had hoped that this legislation would finally become a reality. It was reported out of the Senate HELP Committee, and despite overwhelming bipartisan support for this legislation, the Republican majority would not schedule floor time to consider this bill. On several occasions, I tried to pass this legislation by unanimous consent, but with every attempt, one Senator objected and prevented the Senate from passing this important legislation.

This year, thanks to Senate Health, Education, Labor and Pensions—HELP—Committee Chairman KENNEDY's leadership and that of Senators CLINTON and HATCH, the Senate HELP Committee reported this bill favorably. However, the minority continued to object to our efforts to pass this legislation by unanimous consent. On more than one occasion, I proposed that we consider this legislation under a time agreement that would have permitted a reasonable number of germane amendments and a recorded vote on the bill. Those offers were also rejected, in spite of the fact that over two-thirds of the members of the Senate were cosponsors of this bill.

Over the past several months, this legislation has been the focus of negotiations between the bill sponsors in both chambers and those members whose strong concerns have prevented this legislation from advancing for so long. The resulting compromise is a strong step in the right direction and will finally set us on the path towards obtaining a better understanding of the relationship between the development of breast cancer and the environment. I am pleased that we were able to pass this legislation this week and hope the President will sign it into law without further delay.

COMPREHENSIVE TUBERCULOSIS ELIMINATION ACT OF 2007

Ms. LANDRIEU. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of H.R. 1532, which was received from the House.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 1532) to amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes.